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| REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES | | Docket Number (Optional) NOD-001.01 |
| | In re Application of <u>Ari Ikonen <i>et al.</i></u> | |
| | Application Number 09/587,959-Conf. #9612 | Filed June 6, 2000 |
| | For DATA TRANSFER ADAPTOR AND A METHOD FOR TRANSFERRING DATA | |
| | Art Unit 2623 | Examiner J. R. Sheleheda |
| Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application. | | |
| The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) | | \$ <u>1,030.00</u> |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____ | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>06-1448, ref. NOD-00101</u> . | | |
| <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550. | | |
| I am the | | |
| <input type="checkbox"/> applicant/inventor. | | <u>/SCOTT E. KAMHOLZ/</u> Signature |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | <u>Scott E. Kamholz</u> Typed or printed name |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>48,543</u> | | <u>October 10, 2007</u> Date |
| <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____ | | <u>(617) 832-1176</u> Telephone number |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | |
| <input type="checkbox"/> *Total of _____ forms are submitted. | | |